

# Application for Employment

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Applicants for employment are considered without regard to race, color, religion, sex, sexual orientation, marital status, veteran's status, national origin, age or handicap. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency

Other \_\_\_\_\_

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Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you under 18?  Yes  No

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No

If Yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, give date: \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Are you presently authorized to work in the U.S.?  Yes  No

(Proof of citizenship or immigration status is required upon employment)

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On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part-Time  Shift Work  Temporary  Overtime

Are you on a lay-off and subject to recall  Yes  No

Can you travel if a job requires it?  Yes  No

AN EQUAL OPPORTUNITY EMPLOYER

# SEALED RECORD NOTICE

Applicants having sealed conviction records on file with the Commission of Probation may answer "no record" to the following questions:

Within the past five years, have you been convicted of a misdemeanor? (Applicants may answer "no" with respect to a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)

Yes       No

If yes, please explain

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Have you ever been convicted of a felony?     Yes       No

If yes, please explain

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Veteran of the U.S. Military service?       Yes       No

If Yes, Branch

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Please describe any special skills or training acquired while in the service. \_\_\_\_\_

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Indicate what foreign languages you speak, read, and/or write.

FLUENTLY

GOOD

FAIR

SPEAK

READ

WRITE

## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

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# Employment Experience

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Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

## **Special Skills and Qualifications:**

Summarize special skills and qualifications acquired from employment or other experience

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# Education

	Elementary	High	College / University	Graduate / Professional
Name of School				
Years Completed: Circle	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree	X			
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

## Honors Received:

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It is my understanding that this employment application or the granting of an oral interview does not represent a contract of employment or a promise of future benefits by this company / organization. **I understand and agree that if hired, my employment will be at will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company / organization.**

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorized **Frank L. Castine, Inc.** to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

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Signature of Applicant

Date

For Personnel Department Use Only	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks	_____
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No      Date of Employment _____
Job Title	Hourly Rate / Salary _____ Department _____
By	_____
NAME AND TITLE	DATE

# Fleet Safety / Frank L. Castine Inc.

## ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with your application for employment with Frank L. Castine, Inc., you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

**For California, Minnesota or Oklahoma applicants only**, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

**For California applicants only**, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

city state zip

Other Names Used: \_\_\_\_\_

*Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave, etc.*

DL #: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_

# APPLICANT INFORMATION / BACKGROUND REQUEST FORM

Please fill out completely for verification purposes:



## APPLICANT NAME / OTHER INFORMATION

LAST		FIRST		MI
DOB	SS NO.	DL NO.		STATE
FULL NAME AS IT APPEARS ON DL			SEX (Optional - Circle One) MALE      FEMALE	
FORMER NAMES / MAIDEN NAME AND TIMEFRAMES			TELEPHONE NUMBER	

## ADDRESSES

CURRENT ADDRESS	CITY	STATE	ZIP	DATES TO
PREVIOUS ADDRESS (ACCOUNT FOR PAST 7 YEARS)	CITY	STATE	ZIP	DATES TO
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES TO
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES TO

## EMPLOYER/RECRUITER USE ONLY

*Ai will perform standard package if no items are checked.*

Please check what you wish to order:	Required Information or form:	OTHER BACKGROUND SERVICES
<input type="checkbox"/> COUNTY CRIMINAL CHECK	( name, address, DOB, social security no.)	Please provide name, DOB and social security no. for the following services:
<input type="checkbox"/> STATEWIDE CRIMINAL CHECK	( name, address, DOB, social security no.)	
<input type="checkbox"/> DRIVING RECORD	( name, DOB, license no. and state of issue)	
<input type="checkbox"/> SOCIAL SECURITY	( name and address or social security no.)	
<input type="checkbox"/> NAT'L CRIMINAL OFFENDER PROFILE	( name and DOB)	
<input type="checkbox"/> CREDIT REPORT	( name, address, and social security no.)	
<input type="checkbox"/> EDUCATION VERIFICATION	(APPLICATION OF EMPLOYMENT)	
<input type="checkbox"/> EMPLOYMENT VERIFICATION	(APPLICATION OF EMPLOYMENT)	
<input type="checkbox"/> PERSONAL REFERENCES	(APPLICATION OF EMPLOYMENT)	
<input type="checkbox"/> WORKERS COMPENSATION	( name, address, DOB, social security no.)	
<input type="checkbox"/> PROFESSIONAL LICENSE: ( Type: _____ No: _____ State: _____ )		<input type="checkbox"/> COUNTY CIVIL CHECK
<input type="checkbox"/> DRUG TEST	<input type="checkbox"/> If this box is checked and we have requested a criminal check, search all work addresses as well.	<input type="checkbox"/> FEDERAL CRIMINAL CHECK
<input type="checkbox"/> PHYSICAL EXAM		<input type="checkbox"/> FEDERAL CIVIL CHECK
		<input type="checkbox"/> FEDERAL BANKRUPTCY
		<input type="checkbox"/> SEXUAL OFFENDER/PREDATOR
		<input type="checkbox"/> HHS / OIG / GSA
		<input type="checkbox"/> OFAC / TERRORIST SEARCH
		<input type="checkbox"/> NASD
		<input type="checkbox"/> BIOGRAPHICAL AFFIDAVITS

For Criminal and Civil Records ONLY ~

If you do not have an established scope of work on file at Applicant Insight, please indicate the number of years to search:  
 (RESIDENCES: SEARCH \_\_\_\_\_ years of address history) (EMPLOYERS: SEARCH \_\_\_\_\_ years of address history)

ADDITIONAL COMMENTS:

CLIENT NAME: \_\_\_\_\_ ORDERED BY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

Applicant Insight - P.O. Box 458, New Port Richey, FL 34656  
 Local: (727) 841-0918 Toll Free: 800-771-7703 www.ainsight.com  
**FAX THIS FORM BACK TO: 800-813-4336**